

What Does Population Health Mean for Public Health?

Jefferson College of Population Health Forum
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James W. Buehler, MD
Department of Health Management & Policy



DREXEL UNIVERSITY

Dornsife

School of Public Health

Learning Objectives

- Explain at least one population health objective of the Affordable Care Act
- Identify at least one example of how quality-of-care monitoring and reporting requirements within the federal program to promote the “Meaningful Use” of electronic health records align with public health objectives
- Discuss how the Affordable Care Act requirement that, non-for-profit hospitals conduct a community health needs assessment, connects hospitals and health departments

4 Questions

- What determines health?
- What do health departments do?
 - Draw on recent experience at Philadelphia Department of Public Health
- Why do health departments care about the population health aspirations of:
 - Meaningful Use of Electronic Health Records
 - Affordable Care Act
- How does this shape opportunities for new healthcare & public health collaborations?

QUIZ

According to the 2015 Robert Wood Johnson Foundation County Health Rankings, Philadelphia County ranks 67th (worst) for “Overall Health Outcomes” among Pennsylvania’s 67 counties.

(www.countyhealthrankings.org)

This is because, among PA counties, Philadelphia has:

- A. The worst doctors and hospitals
- B. The worst health department
- C. The highest prevalence of poverty
- D. None of the above

What Determines Health?

- Genes: Predispose or protect
- Behaviors: Smoking, diet, exercise, alcohol, drug use
- Norms: Family, culture, community
- Opportunities: Access to healthy options
- Health care: Access to quality healthcare
 - Prevention: Immunizations, screening & follow-up
 - Treatment: Prompt and effective care
- Social/economic status: Income/wealth, education, social capital; stress
- Public health department: Programs & services
- Physical environment: Air, water, workplace safety

Many in Phila. living far below poverty line

"Deep poverty" rate is highest of any big U.S. city.

By Alfred Lubrano
INQUIRER STAFF WRITER

Philadelphia has the highest rate of deep poverty among America's 10 biggest cities, an examination of federal data by The Inquirer shows.

The city is already the poorest in that group.

Deep poverty is measured as income of 50 percent or less of the poverty rate. A family of four living in deep poverty takes in \$12,000 or less annually, half the poverty rate of \$24,000 for a family that size.

Philadelphia's deep-poverty rate is 12.3 percent, or around 186,000 people — 60,000 of whom are children, an examination of the newly released U.S. Census 2014 American Community Sur-

vey shows.

The U.S. deep-poverty rate is 6.8 percent. In Camden, the rate of deep poverty is around three times that, at 20 percent, but its total population of about 72,000 is a fraction of Philadelphia's.

Philadelphia's overall poverty rate stands at 26 percent, figures show.

The rates of poverty and deep poverty in Philadelphia remained statistically the same between 2013 and 2014, figures show.

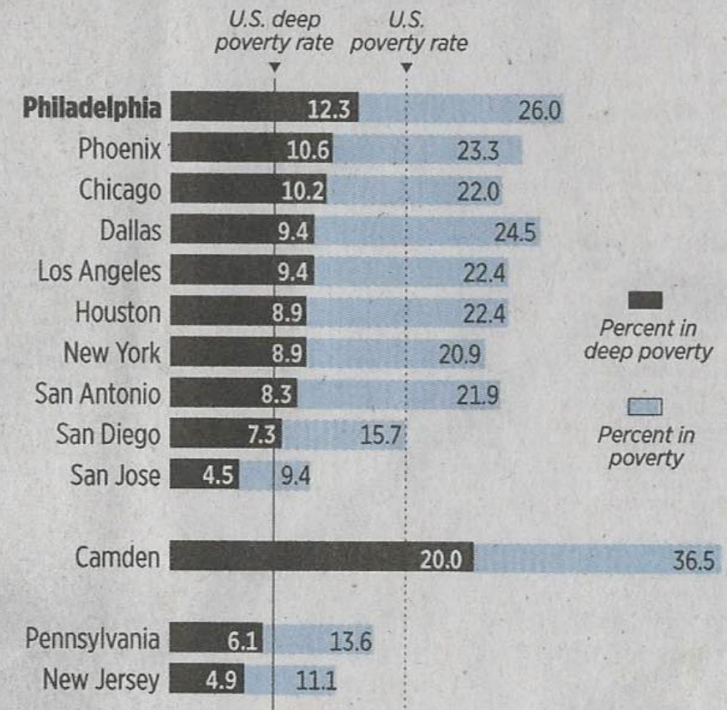
Most Americans cannot fathom the level of privation that deep poverty represents, experts say.

"It means we have so many people with a long way to reach any semblance

See **POVERTY** on A7

Deep Poverty in the Biggest Cities

Of the 10 biggest cities, Philadelphia has the highest rate of households living in deep poverty — those making 50 percent or less of the poverty rate. In Camden, the rate is even worse.

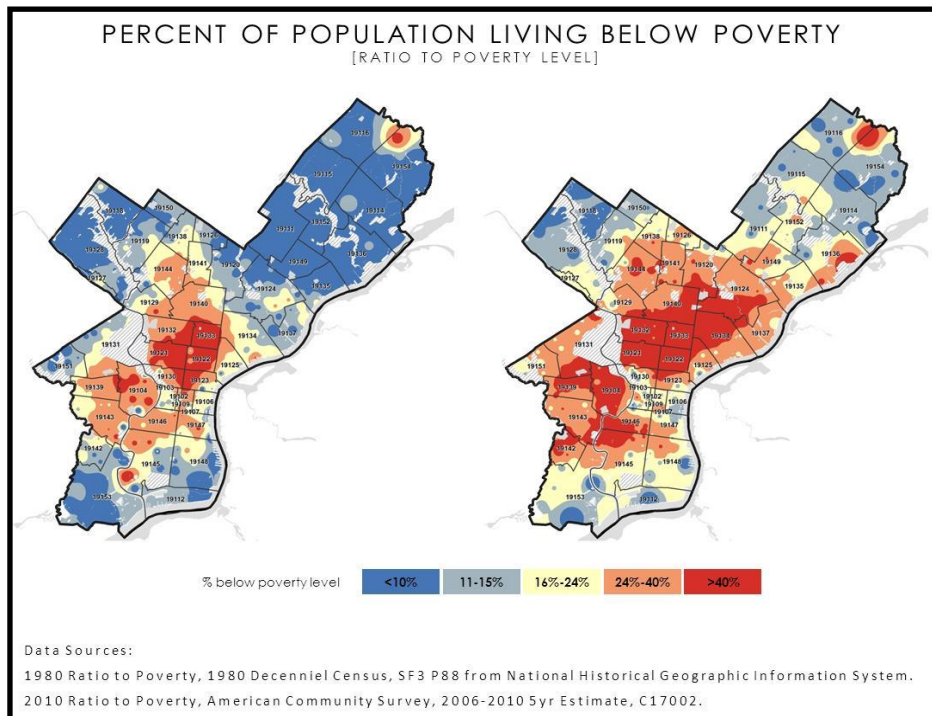


SOURCE: U.S. Census 2014 American Community Survey

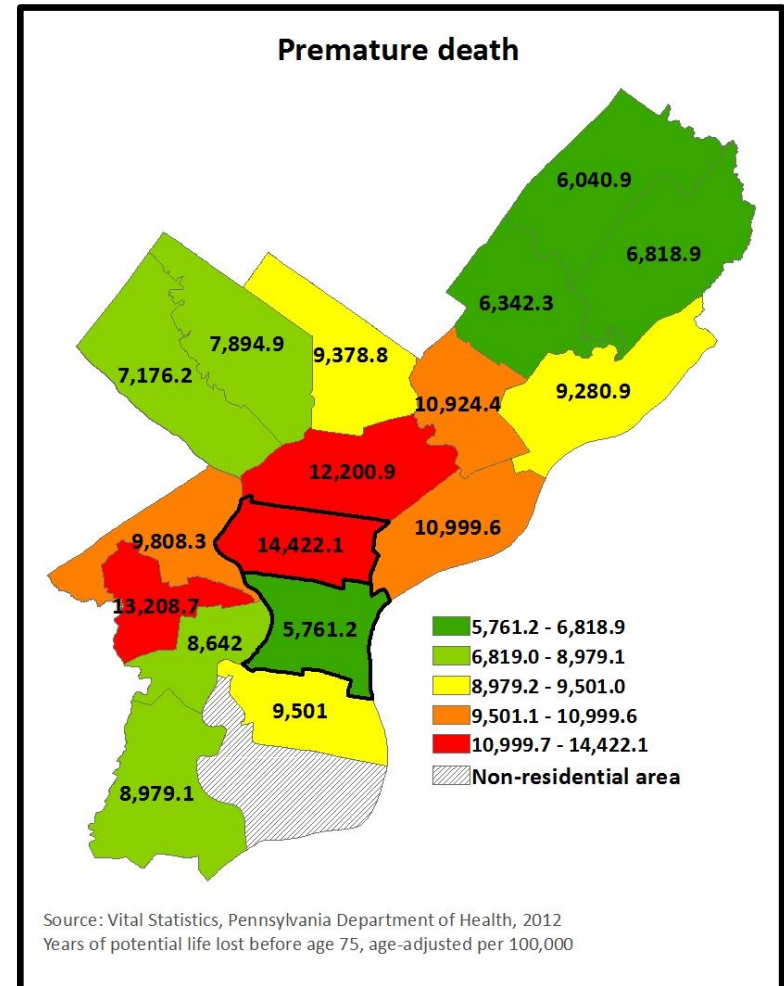
The Philadelphia Inquirer

Poverty & Premature Death in Philadelphia

Philadelphia Poverty Rate, 1980 & 2010



Years Potential Life Lost (<75 years) per 100,000, 2012



Source: www.phila.gov/health/Commissioner/DataResearch.html

Health care providers and public health departments are both confronted by the health consequences of poverty and the attendant “social determinants of health.”



Image: www.healthypeople.gov/

PDPH Vision & Mission

www.phila.gov/health

- Vision: A city in which every resident is able to:
 - Live a long, healthy, and productive life;
 - Be free of preventable disease and disability; and
 - Live, work, learn, shop, and play in environments that promote health.
- Mission: Protect and promote the health of all Philadelphians and to provide a safety net for the most vulnerable.

When I was Philadelphia's Health Commissioner, how did I explain my job to a group of 8th grade students?



I am a doctor and my patient is everybody in Philadelphia

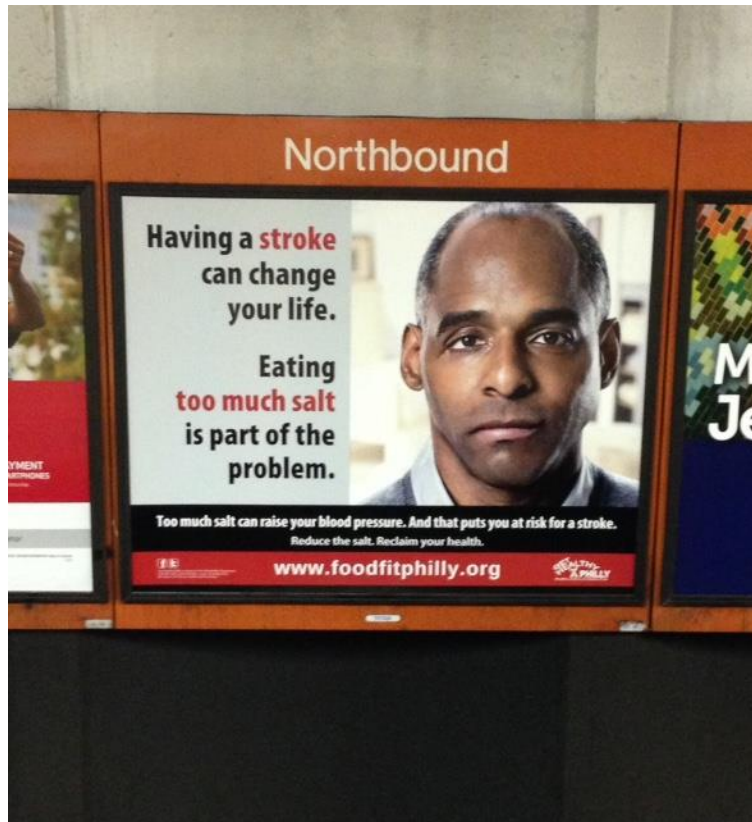
PDPH Program Domains

- **Environmental Health**
 - Restaurant inspections
 - Vector control (rats & mosquitos)
 - Healthy homes: lead prevention, asthma
 - Sanitation
- **Air Quality**
 - Air quality monitoring & regulation
 - Commercial noise control
- **Infectious Disease Prevention & Control**
 - STD, TB, HIV, Influenza, Hepatitis
 - Disease monitoring, outbreak response
 - Emergency preparedness
- **Chronic Disease Prevention/Get Healthy Philly**
 - Tobacco control, obesity prevention
- **Maternal, child, & family health**
 - Home visiting, breastfeeding, Healthy Start
 - Violence prevention
- **Medical Examiner's Office**
 - Autopsies & death investigations
 - Fatality review programs
 - Bereavement support
 - Mass casualty preparedness
- **Laboratory**
 - Clinical services
 - Public health investigations
- **Health care services**
 - 8 primary care health centers
 - STD & TB clinics
 - Philadelphia Nursing Home

PHPH Functions

- Policies, programs, & services
 - Informed by evidence
 - Local situations: quantitative (epidemiology) & qualitative
 - What works?
- Regulation
- Enabled by partnerships
 - Non-governmental: Universities, hospitals, community-based orgs, faith-based, businesses, professional orgs, etc.
 - Other government agencies: local, state, federal
- Scope:
 - Population: city-wide
 - Population: targeted
 - Safety-net services

Population-level Interventions

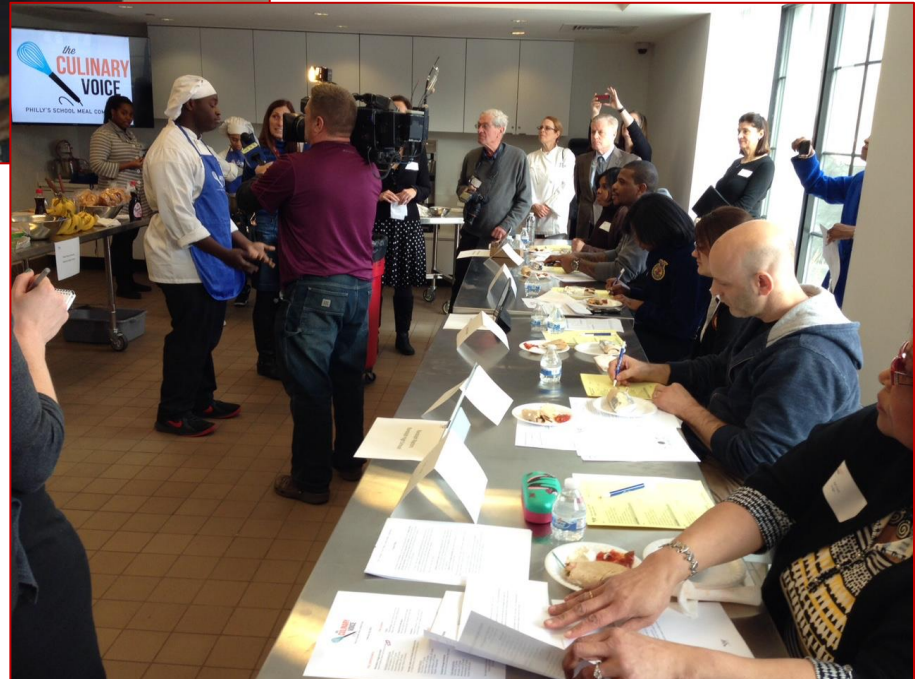


Targeted: Education



City-wide: Policy

Partnerships & Engagement



World Meeting of Families & Papal Visit, September 2015



World Meeting of Families & Papal Visit, September 2015



Public health landscape is being reshaped by developments aimed at reshaping healthcare by promoting “population health”

- Federal incentive program to promote the “Meaningful Use” of electronic health records (EHRs) and electronic health information exchange (HIE)
- Affordable Care Act



HIT, HIE, & QI: Long-term developments accelerated by Meaningful Use

- Better information for patient care
- Better information about the health of populations
 - People enrolled in an insurance program
 - Patients under care of a provider
 - People in a political jurisdiction (public health)
- We all need to know:
 - What is the health of our “population?”
 - How well are we doing our job?
- Public health surveillance: Uses multiple data sources, many arise from use of health care, increasingly automated
 - Monitor trends
 - Characterize affected & at-risk populations
 - Identify urgent situations or disparities
 - Provide insights into strategies for prevention or control
 - Assess impact of interventions

Public Health & Meaningful Use

- Potential for more timely, complete population health monitoring
- Requirements of interest to public health:
 - **Automation of existing systems for reporting to health departments, BUT ALSO:**
 - Promote use of preventive services: prompts and QI measures
 - Decision support
- Meaningful Use:
 - Lab results for reportable conditions
 - 71% of mandated infectious disease lab reports to PDPH via HL7 messages (mainly from labs)*
 - Immunization registry, aka Immunization Information System (IIS)
 - 50% of reports to PDPH KIDS registry via EHR-generated/transmitted HL7 messages*
 - “Syndromic” surveillance

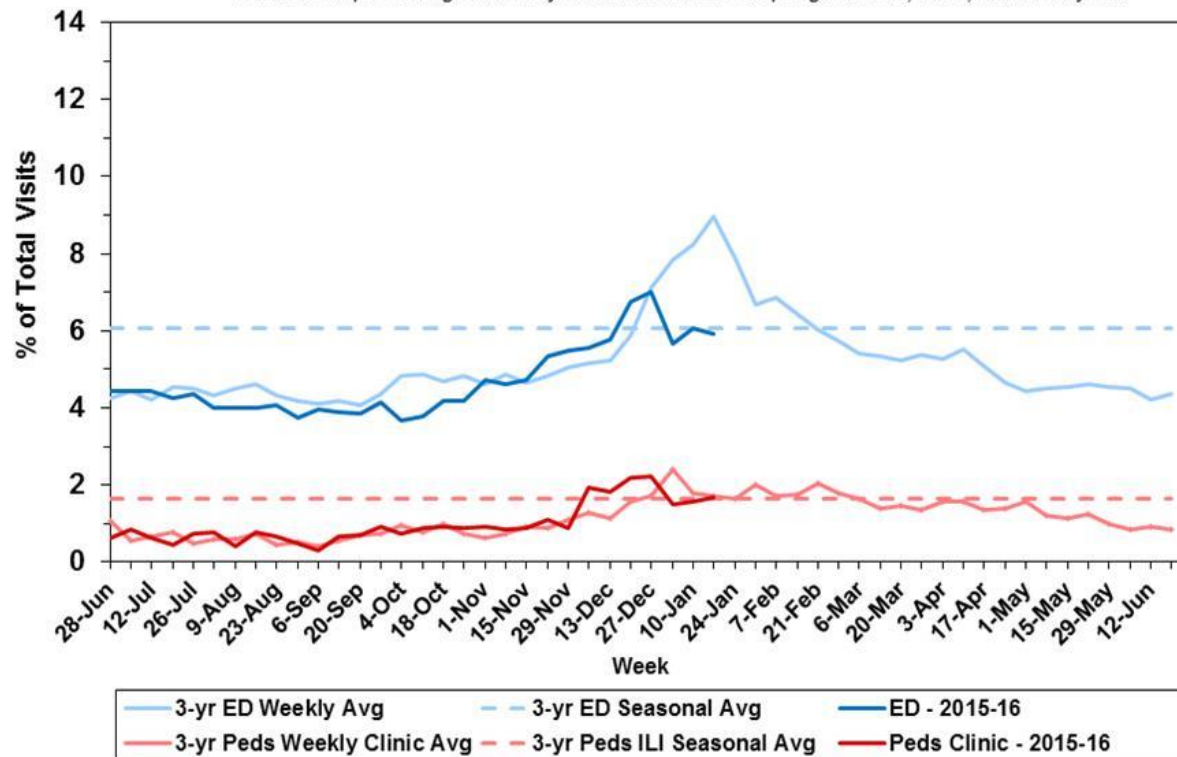
* Division of Disease Control, PDPH

Syndromic Surveillance for “Influenza-like illness” provides important piece in mosaic of influenza surveillance

Influenza-like Illness at Philadelphia Emergency Departments and Pediatric Ambulatory Clinics, 2015-16 Data compared to 3-Year Historical Weekly* and Seasonal** Averages

*Weekly average of values from 2011, 2013, and 2014 years

**Overall sample average of weekly data from winters & springs of 2011, 2013, and 2014 years



Source: <https://hip.phila.gov/DataReports/Influenza>

Population Health Aspirations of ACA are illustrated in CMS Funding Announcement: Accountable Health Communities

...an overarching effort to transform the Medicare program, and to move the U.S. health system at large...

...testing a broad portfolio of alternative payment models that includes accountable care organizations (ACOs), patient-centered medical homes, and bundled payments...

...delivery system reform...to achieve better care for patients, better health for our communities, and lower costs...

...improved connections between clinical and community services and begun to address health-related social needs...

...identifying and addressing health-related social needs has the potential to improve health care outcomes...

Funding Opportunity Number: CMS-1P1-17-001

Interventions Engaging Community Health Workers



There is strong evidence of effectiveness...in a team-based care model to improve blood pressure and cholesterol in patients at increased risk for CVD.

There is sufficient evidence of effectiveness...as outreach, enrollment, and information agents to increase self-reported health behaviors (physical activity, healthful eating habits, and smoking cessation) in patients at increased risk for CVD.

Community Health Needs Assessments & Community Benefit Programs

- ACA-mandate for not-for-profit hospitals (December 2014 Update)
 - Requirement that hospitals seek input from at least one governmental public health department in developing their CHNA
 - Permission to include an existing community-wide health assessment in partial fulfillment of the CHNA requirement
- Community benefit plan to be informed by CHNA
- Currently in progress for 2016 cycle



Collaborative Opportunities to Advance Community Health (COACH)



- Launched by Hospital & Healthcare Association of PA (HAP)
- Facilitated by Health Care Improvement Foundation
- 8 Philadelphia-area hospitals/hospital systems voluntarily collaborating
- PDPH and Montgomery Co. HD engaged
- Anticipate identification of shared concerns in CHNAs
- Question: How can hospitals' community benefit investments be more strategic and impactful?

#SEPA_COACH



COACH: Model for Collaboration



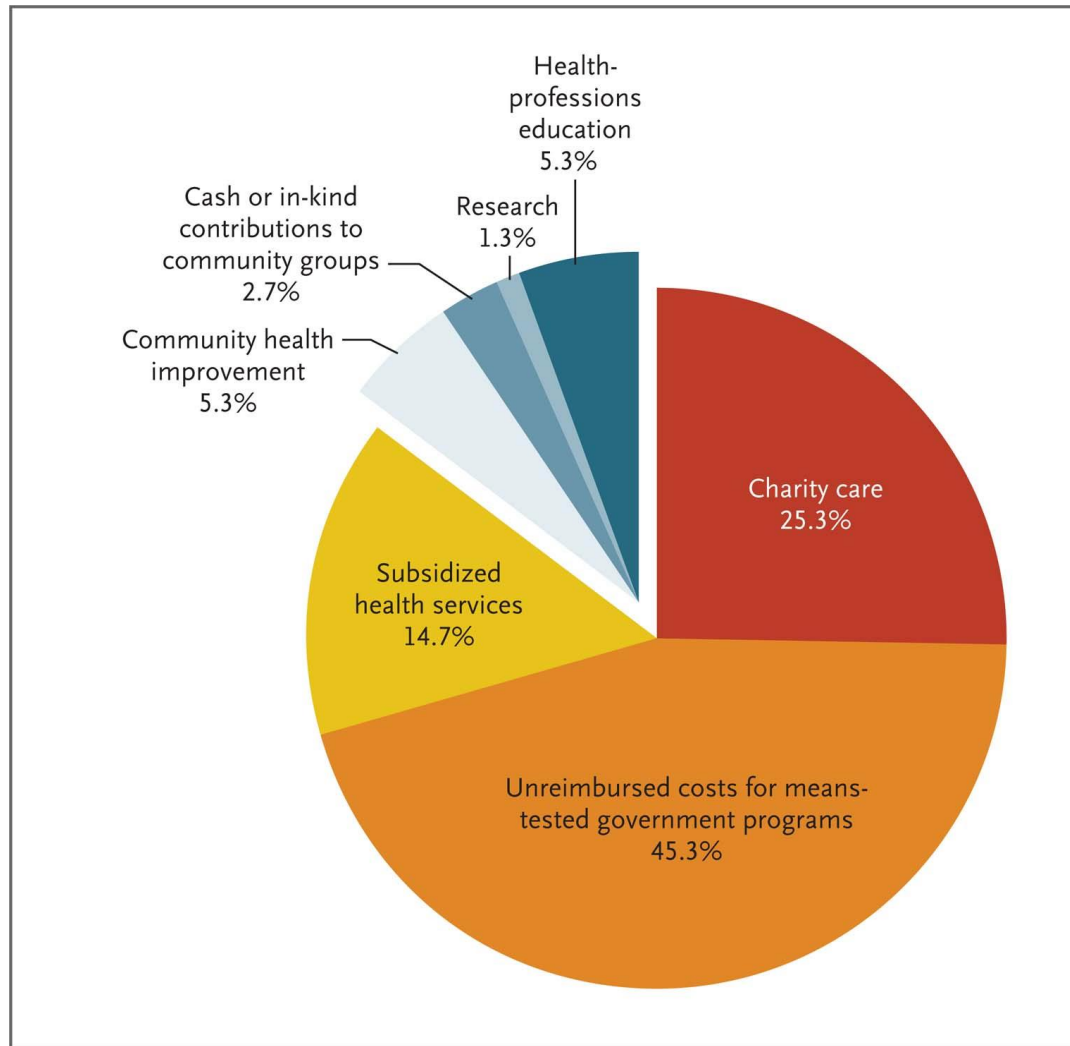
Collaborate on an unmet community need

Hospitals, in partnership with public health authorities and other community stakeholders:

- Identify a pressing health need;
- Define shared goals and metrics;
- Develop roadmap and action plan (can incorporate into Implementation Plans) to address the need;
- Implement interventions in a coordinated manner.

#SEPA_COACH

Hospital Community Benefit Expenditures



Young GJ et al. N Engl J Med 2013;368:1519-1527

CDC-funded PDPH Project: Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke

- Learning collaboratives with local FQHCs (Health Federation) & hospitals (HCIF) for improving quality of care for hypertension and diabetes
- Support for Diabetes Prevention Program for low-income Philadelphia residents
- Support for Community Health Workers to work with patients with hypertension and diabetes
- Support for e-referral system for FQHC network
- Support for implementation of population management software by FQHC collaborative



Source: Chronic Disease Division, PDPH



How should this work?



Evaluation

Please remember to fill out your evaluation form.

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